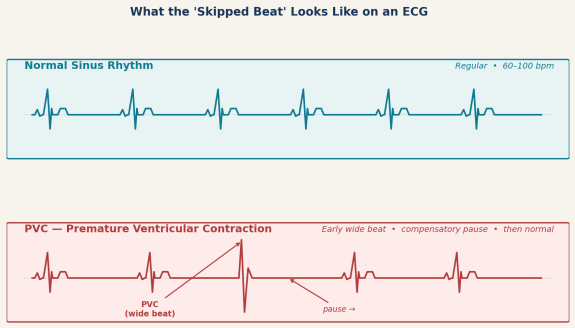
PVCs and Palpitations

Understanding Skipped Beats, Flip-Flops, and Palpitations

Palpitations — a pounding, flip-flop, or skipped beat — are very common. PVCs (premature ventricular contractions) are the most common cause of the skipped-beat feeling, and they are usually harmless. This guide explains what they are, what triggers them, and when to act.



Online: https://go.riasalimd.com/pvcs-guide

Rias KS Ali, MD FACC

Board Certified in Interventional Cardiology & Cardiovascular Disease

4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com

Last Updated: August 2026

Names & Terms You Will Hear

Term	Meaning
Palpitations	An awareness of your own heartbeat. You may feel a flutter, a skipped beat, a flip-flop, or a pounding. Palpitations are a symptom, not a diagnosis. Causes include harmless extra beats, anxiety, caffeine, or thyroid problems.
PVC — premature ventricular contraction	An extra beat from the lower chambers (ventricles). It fires before the normal beat arrives. PVCs look wide and different on an ECG. They cause the 'skipped beat' or 'flip-flop' feeling. After a PVC the heart pauses, then resets. Most people have some PVCs every day without knowing it.
PAC — premature atrial contraction	An extra beat from the upper chambers (atria). Similar to PVCs but starts higher in the heart. Feels like a skipped beat. Almost always harmless.
PVC burden	The share of daily beats that are PVCs. A Holter monitor measures it. Below 5%: usually harmless. Above 10–15%: can weaken the heart over time.
PVC-induced cardiomyopathy	Heart-muscle weakening from very frequent PVCs. Occurs when burden stays above 10–15% for months to years. The pumping chamber enlarges and squeezes less well. The good news: the heart usually recovers after PVCs are controlled.
Compensatory pause	The brief pause after a PVC while the heart resets. It is followed by a stronger-than-usual beat. That 'thud' or 'flip-flop' is the strong beat, not a dangerous event.
Monomorphic vs polymorphic PVCs	Monomorphic PVCs all look the same on ECG. They come from one spot. Polymorphic PVCs look different each time. They come from more than one spot. Monomorphic PVCs are better for ablation.

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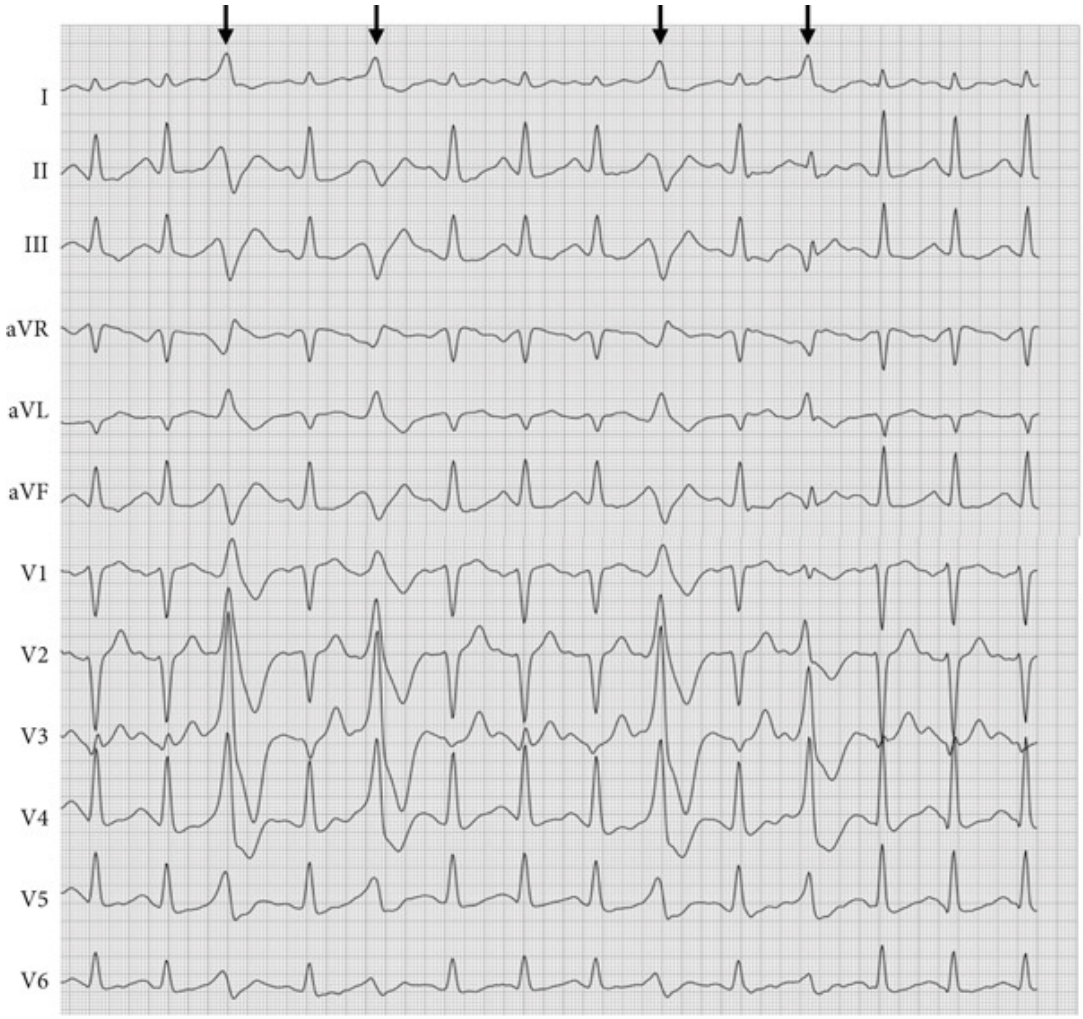
What a PVC feels like: Most people feel a skipped beat or flip-flop in the chest. What you feel is the pause after the PVC, then a strong reset beat. The heart does not skip — it adds an extra beat, then resets. Between episodes your rhythm is completely normal.

PVCs and Palpitations?

- Palpitations are an awareness of your heartbeat. You may feel a skipped beat, a flip-flop, or a pounding. They are common. Most causes are not dangerous.
- PVCs are extra beats from the lower heart chambers. They fire early, before the normal beat arrives. They cause the skipped-beat feeling. After a PVC the heart pauses briefly, then resets.
- PVCs are very common. Up to 75% of healthy adults have some on extended monitoring. Most people never feel them.
- PACs are extra beats from the upper chambers. They feel like a skipped beat too. They are almost always harmless.
- What you feel is the pause after a PVC, then a stronger beat. That thud is the strong beat. It is not a heart attack.
- Occasional PVCs in a healthy heart are benign. They do not cause heart attacks. Very frequent PVCs can weaken the heart over time — but this is rare.



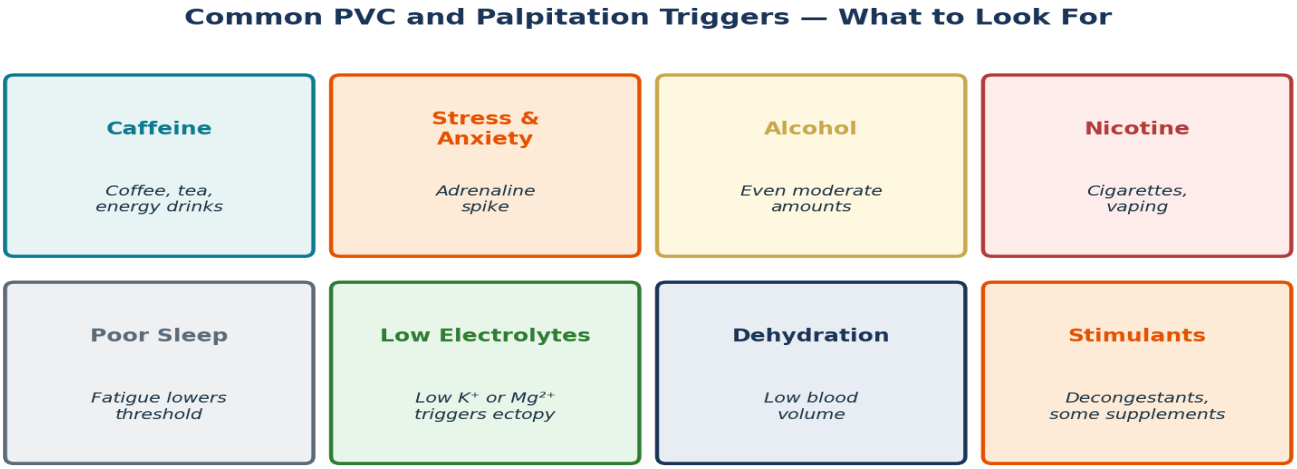
A real 12-lead ECG showing monomorphic PVCs (black arrows) during exercise testing — the wide, early beats stand out clearly against the normal narrow beats around them. Image: Vogel et al., Case Reports in Cardiology, 2025 (CC BY 4.0).

Palpitations: Benign vs When to See Your Doctor

Feature	Likely Benign	See a Doctor Promptly
Frequency	Occasional — a few per day or week	Very frequent — hundreds/hour or >10–15% of all beats
Symptoms with episode	Skipped beat, flip-flop, brief thud	Fainting, chest pain, shortness of breath
Duration	Seconds — stops on its own	Minutes or more; sustained racing
Heart structure	Normal echo, no prior heart attack	Weak heart, prior MI, valve disease
Family history	No family history of sudden cardiac death	Close relative with sudden cardiac death < age 50
Rhythm on ECG	Occasional wide early beat (PVC / PAC)	Fast, irregular rhythm; runs of wide beats (VT)

Why It Matters

- Palpitations are very common in cardiology. Up to 16% of adults report them. Fewer than 15% of cases are caused by a serious heart rhythm problem.
- PVCs show up on extended monitoring in up to 75% of healthy people. In most cases they need only reassurance.
- Very frequent PVCs can silently weaken the heart. This is called PVC-induced cardiomyopathy. A Holter or patch monitor measures your PVC count and catches this early.
- Sometimes palpitations signal a real arrhythmia such as SVT or AFib. A monitor worn during symptoms is the only way to know for sure.
- Good treatments exist for frequent or bothersome PVCs. Options include lifestyle changes, beta-blockers, and ablation. Ablation cures most cases of high-burden PVCs.



Common PVC and palpitation triggers. Caffeine, alcohol, stress, nicotine, poor sleep, and low electrolytes are the most common culprits. Reducing these often cuts PVC frequency within 2–4 weeks. Medical triggers such as thyroid disease, anemia, and sleep apnea need separate testing and treatment.

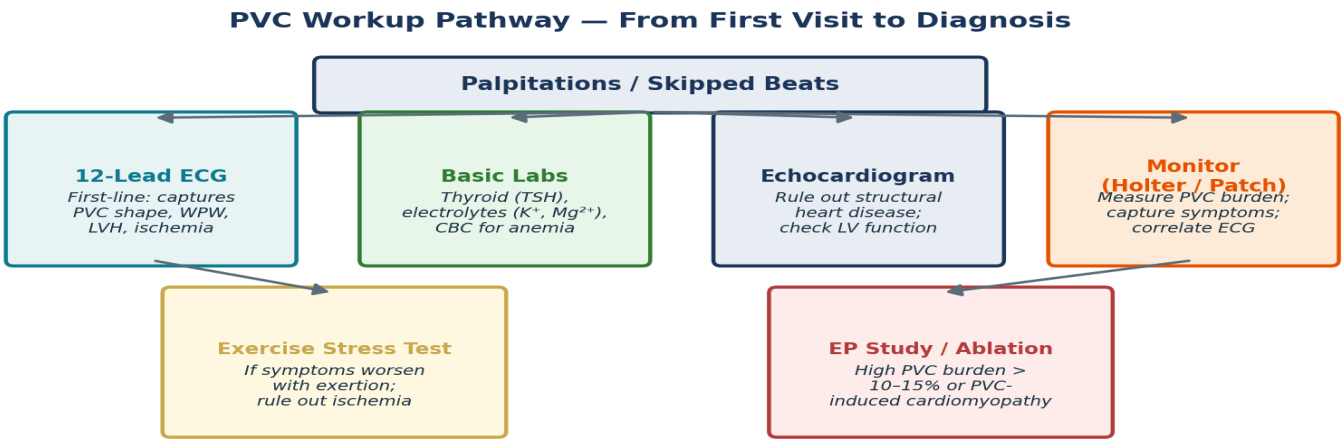
What Is a PVC Burden — and Why Does It Matter?

- A Holter monitor records your rhythm for 24–48 hours. A patch monitor records for 7–14 days. Both tell you the total PVC count and the percentage of beats that are PVCs. That percentage is your PVC burden.
- Below 5%: almost always benign. Reassurance and lifestyle changes are usually all that is needed.
- 5–10%: a gray zone. Treatment depends on your symptoms and echo results.
- Above 10–15%: high burden. Over months to years this can enlarge the pumping chamber. It weakens the heart. This is called PVC-induced cardiomyopathy.
- The good news: this condition is reversible. Most patients recover normal heart function within 3–6 months after PVCs are controlled.
- The Holter also links symptoms to rhythm. It shows whether your palpitations matched a PVC, SVT, AFib, or nothing. That link is often the most useful finding.

Risk Factors

Some patients are more likely to develop this condition. Knowing your risk helps your care team take extra precautions.

Risk Factor	Why It Increases Risk
Caffeine and stimulants	Coffee, tea, energy drinks, and some cold medicines can trigger extra beats. Cutting back often helps within days.
Stress and anxiety	Stress raises adrenaline. Adrenaline excites heart cells and triggers PVCs. This is the most common cause of palpitations in young adults.
Alcohol	Even moderate amounts can trigger PVCs. Binge drinking ('holiday heart') can cause more serious rhythm problems.
Nicotine	Smoking and vaping raise heart rate and blood pressure. Both conditions provoke extra beats.
Low potassium or magnesium	Low electrolytes make heart cells fire early. Causes include diuretics, poor diet, heavy sweating, and vomiting.
Poor sleep / dehydration	Poor sleep raises cortisol and adrenaline. Dehydration makes the heart work harder. Both increase extra-beat firing.
Thyroid disease	An overactive thyroid speeds up the heart. It lowers the threshold for PVCs. A thyroid blood test (TSH) is part of the standard workup.
Structural heart disease	Cardiomyopathy, prior heart attack, and valve disease create scar tissue. Scar tissue is a source of PVCs. PVCs in these patients need closer attention.



Most people with occasional PVCs and a normal echo + ECG need only reassurance and trigger management

Standard PVC workup. An ECG, basic labs, an echo, and a monitor give the full picture. Exercise testing is added if symptoms worsen with exertion. EP study and ablation are for high-burden or drug-resistant cases.

Treatment Options

- Step 1 — Reassurance plus trigger changes. For occasional PVCs with a normal heart, no drugs are needed. Cut caffeine, alcohol, and nicotine. Manage stress. Fix low potassium and magnesium. Most patients see fewer PVCs within 2–4 weeks.
- Step 2 — Treat reversible causes. Correct thyroid disease, anemia, and sleep apnea. Check whether a current medication is to blame. Your doctor can suggest a substitute.
- Step 3 — Medication. Beta-blockers (metoprolol, atenolol) or calcium-channel blockers (verapamil, diltiazem) are first-choice drugs. They cut PVC frequency by 50–75% in most patients. They control PVCs but do not cure them.
- Step 4 — Stronger antiarrhythmic drugs. Flecainide or propafenone suppress PVCs more than beta-blockers. They need careful patient selection. Used when Step 3 fails.
- Step 5 — Catheter ablation. Thin tubes (catheters) enter through leg veins. Heat energy targets and destroys the exact spot that fires the PVC. Success: 80–90% for single-site (monomorphic) PVCs. Most patients go home the same day.

When Is PVC Ablation the Right Choice?

- Ablation is right when PVCs are bothersome and do not improve with drugs. It is also right when the PVC burden is high enough to weaken the heart.
- Best candidates: monomorphic PVCs — all the same shape on ECG. They come from one spot. The most common target is the right ventricular outflow tract (RVOT).
- How it works: thin catheters enter through leg veins. The EP team maps the exact source of the PVC. Heat energy destroys a small area (about 3–4 mm) at that source.
- Success rates: RVOT PVCs 85–95%. Left ventricular PVCs 80–90%. Multiple-site (polymorphic) PVCs have lower success and may not be ideal.
- For PVC-induced cardiomyopathy, ablation is preferred over drugs. It reduces burden fastest and lets the heart recover. An echo at 3–6 months usually shows clear improvement.
- After ablation: avoid heavy lifting for 3–5 days. Most patients are back to normal the next day. A follow-up Holter at 3 months confirms success.

Risks, Benefits, and Alternatives

Every choice has trade-offs. Use this table to start the shared decision conversation.

Option	Risks	Benefits	Alternatives
Lifestyle / trigger change	No drug side effects. Needs sustained behavior change. Electrolyte correction may need blood tests.	Free. No medical risk. Cuts PVC frequency by 30–60% in many patients. Also improves overall heart health.	May not be enough for frequent or bothersome PVCs. Move to medication after 4–6 weeks if symptoms persist.
Beta-blockers or CCBs	Side effects: tiredness, low blood pressure, cold hands (beta-blockers). Constipation or leg swelling with verapamil or diltiazem. Do not stop suddenly — taper slowly.	Cuts PVC frequency by 50–75%. Eases palpitation symptoms in most patients. Non-invasive and well-tolerated.	Controls PVCs but does not cure them. PVCs often return if the drug is stopped. Ablation is preferred when burden is high or heart is weakened.
Catheter ablation	Bruising or bleeding at the leg site (<2%). Rare: fluid around the heart (<0.5%), pacemaker needed (<0.3%). Same-day outpatient. Light sedation.	Cures 80–90% of single-site (monomorphic) PVC cases. Heart function often recovers in 3–6 months after ablation. Most patients take no daily pills afterward.	Best for single-site (monomorphic) PVCs. Multiple-site PVCs may have lower success. Medication is a good first step for those who want to avoid a procedure.

Common Misconceptions

Myth	Reality
Every skipped beat means something is seriously wrong.	Most skipped beats are PVCs or PACs — harmless extra beats. Up to 75% of healthy adults have PVCs on monitoring. A skipped beat alone rarely signals danger.
Palpitations always mean I have a heart problem.	Palpitations are a symptom, not a diagnosis. Common causes: anxiety, caffeine, dehydration, poor sleep, anemia. None of those are heart problems. A cardiology visit sorts out the true cause.
PVCs are like a mini heart attack.	PVCs are an electrical misfiring — not a blocked artery. They do not damage the heart muscle. The confusion comes from the strong thud after the pause.
A normal ECG means I definitely don't have PVCs.	A standard ECG captures only 10 seconds of rhythm. PVCs that are infrequent may not appear in that window. A Holter or patch monitor catches the full picture.
High PVC counts on a monitor mean my heart is in danger.	Count alone does not tell the full story. PVCs in a normal heart, even hundreds per day, are usually benign. High burden (above 10–15%) in a weak heart needs treatment.
PVC ablation is dangerous open-heart surgery.	PVC ablation uses thin tubes through a leg vein — no incision. No bypass machine is used. Most patients go home the same day.
I should feel every PVC I have.	Most PVCs are silent. Some people are very aware of their heartbeat and feel every one. Treating the count may not ease symptoms if anxiety is the real driver.

Red flags — go to the ER: Palpitations with **fainting**, **chest pain**, or **severe shortness of breath**. Fast racing lasting more than 5 minutes on its own. Palpitations with a **prior heart attack**, **weak heart**, or **family history of sudden death**. Call 911. Do not drive yourself.

Possible Complications

Knowing what can go wrong helps you spot problems early. Most complications are uncommon, especially with treatment.

Where / What	What Can Happen
PVC-induced cardiomyopathy	Very frequent PVCs (above 10–15% of daily beats) can weaken the heart. The left ventricle enlarges and pumps less well. Symptoms: shortness of breath and fatigue. The heart usually recovers within 3–6 months after PVCs are controlled.
Reduced quality of life	Even benign PVCs can be distressing. Some people limit exercise and make many ER visits. Effective treatment, even reassurance alone, improves quality of life.
Anxiety and cardiac awareness	Some people become very aware of every beat after a PVC diagnosis. Anxiety itself can worsen PVCs. Treating both the PVCs and the anxiety together works best.
Masking of a serious arrhythmia	Rarely, what feels like PVCs is a run of VT (ventricular tachycardia). This matters most in patients with structural heart disease or a family history of sudden cardiac death. A monitor worn during symptoms tells the difference.
Drug side effects	Beta-blockers: fatigue, cold hands, low BP. Calcium-channel blockers: constipation, leg swelling. Ask your doctor about any new symptoms on a heart drug.

Living with PVCs — Practical Tips

- Track your triggers. Keep a simple 2-week diary. Note sleep, caffeine, stress, and when symptoms happen. Patterns become clear quickly.
- Fix electrolytes. Ask your doctor to check potassium and magnesium. If low, food or supplements often cut PVC frequency fast. Good sources: bananas, leafy greens, nuts.
- Regular moderate exercise is safe for most benign PVCs. It lowers your resting heart rate and reduces adrenaline. If PVCs get worse during exercise, tell your doctor.
- Limit alcohol to one drink a day or less. Even small amounts trigger PVCs in some people.
- Try slow breathing: 4 counts in, 6 counts out. Yoga and mindfulness also reduce stress-driven PVCs. If anxiety is a big driver, talk therapy (CBT) can help.
- When you feel a skipped beat, stay calm. Sit or lie down. Take slow breaths. Worry about a PVC often triggers the next one. Most episodes end on their own in seconds.

Points to Know

If you remember nothing else, remember these key points.

- Palpitations are an awareness of your heartbeat. PVCs are extra beats from the lower chambers. They are the most common cause of the skipped-beat feeling.
- Most PVCs in a healthy heart are benign. Up to 75% of healthy adults have some every day without knowing it.
- The thud after a skipped beat is a strong reset beat — not a heart attack.
- High PVC burden (above 10–15% of daily beats) can weaken the heart over time. A Holter or patch monitor measures your burden. Treatment prevents heart damage.
- Common triggers: caffeine, alcohol, stress, poor sleep, and low potassium. Cutting these often reduces PVCs within 2–4 weeks.
- Two key tests after a normal ECG: an echo and an ambulatory monitor. The echo rules out structural heart disease. The monitor measures PVC burden.
- Catheter ablation cures 80–90% of high-burden PVCs. It is an outpatient procedure — no open surgery. It can reverse PVC-induced cardiomyopathy.
- Call 911 if palpitations come with fainting, chest pain, or severe breathlessness.

When to Call Us - and When to Call 911

If you are not sure, call. We would rather hear from you twice than miss a real problem.

- Call 911 right away: fainting during palpitations. Chest pain or pressure with palpitations. Severe shortness of breath during palpitations. Fast, sustained racing that does not stop on its own. Do not drive yourself to the ER.
- Call 911 if you have a weak heart, prior heart attack, or family history of sudden cardiac death, and develop new or worsening palpitations.
- Call our office the same day: a new sustained episode lasting more than 5 minutes. Fast, irregular palpitations that could be AFib. A first palpitation episode you have never had before.
- Call our office within 2–3 days: your monitor captured an episode. Symptoms are not improving with trigger changes. You want to talk about ablation.
- Routine follow-up: Holter or patch results are back. Annual echo if you have a known high PVC burden. Any change in symptoms — more frequent or now with lightheadedness.

Office: (727) 943-5200

Related guides from our practice. Heart monitors: Holter and Event Monitors guide. Fast heartbeat: SVT guide. Ablation procedure: EP Study and Ablation guide. Irregular heartbeat: Atrial Fibrillation guide.

Trusted Resources

The links below are the trusted resources Dr. Ali used to write this guide and that he recommends you visit for more information. Each is a clickable link in the digital version and a Short.io tracked URL on the printed version.

- American Heart Association — Palpitations - AHA patient resource on palpitations — causes, when to seek care, and lifestyle tips.
- Cleveland Clinic — Premature Ventricular Contractions (PVCs) - Cleveland Clinic plain-language guide on PVCs, triggers, diagnosis, and treatment options.
- Mayo Clinic — Premature Ventricular Contractions - Mayo Clinic overview of PVCs including causes, tests, and when treatment is needed.
- NIH MedlinePlus — Ventricular Ectopy - National Library of Medicine consumer health page on PVCs and benign ventricular ectopy.
- Heart Rhythm Society — Patient Resources - HRS patient guides on PVCs, catheter ablation, electrophysiology study, and arrhythmia care.
- Holter and Event Monitors guide — RiasAliMD.com - Our practice guide on ambulatory heart monitors — which device, how it works, and what your results mean.
- SVT guide — RiasAliMD.com - Our guide on supraventricular tachycardia — the fast heartbeat that is often mistaken for a serious problem.

Sources Used to Build This Guide

Every recommendation in this guide is grounded in one or more of the studies, guidelines, or trusted resources below. Short links are tracked so Dr. Ali can see which references patients are reading; nothing personally identifying is captured.

- ACC/AHA 2018 Guideline on Management of Adults with Congenital Heart Disease — PVC/Arrhythmia context *[Guideline]*
  Authoritative ACC/AHA framework for ventricular arrhythmia classification and management thresholds
- ACC/AHA/HRS 2018 Guideline for Management of Patients With Ventricular Arrhythmias and the Prevention of Sudden Cardiac Death *[Guideline]*
  Primary guideline for PVC management, ablation indications, and PVC-induced cardiomyopathy thresholds (>10-15% burden)
- Cleveland Clinic — Premature Ventricular Contractions (PVCs) *[Patient-Education]*
  Plain-language patient framing and trigger list; benchmarked for reading level
- Mayo Clinic — Premature Ventricular Contractions (PVCs) *[Patient-Education]*
  Comprehensive patient-facing overview of PVC triggers, diagnosis, and reassurance framing
- American Heart Association — Palpitations *[Patient-Education]*
  AHA patient framing on palpitation causes, when to seek care, and lifestyle modification
- Latchamsetty R, Bogun F. Premature Ventricular Complexes and Premature Ventricular Complex–Induced Cardiomyopathy. Circ Arrhythm Electrophysiol. 2019 *[Review-Article]*
  PVC-induced cardiomyopathy burden thresholds, reversibility with ablation, ablation outcomes
- Gopinathannair R, et al. Arrhythmia-Induced Cardiomyopathies: Mechanisms, Recognition, and Management. J Am Coll Cardiol. 2015 *[Review-Article]*
  Mechanism and reversibility of PVC-induced cardiomyopathy; supports burden threshold framing
- NIH MedlinePlus — Ventricular Ectopy *[Patient-Education]*
  NLM consumer health resource for trusted-resources section
- Heart Rhythm Society — Patient Resources on PVCs *[Professional-Society]*
  HRS patient guides on PVCs, catheter ablation indications, and electrophysiology

About This Guide

Rias KS Ali, MD FACC | Board Certified in Interventional Cardiology & Cardiovascular Disease

4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com

Version: 2026-08-15

Reviewer note: Reviewed against Cleveland Clinic, Mayo Clinic, AHA, NIH MedlinePlus, and the 2018 ACC/AHA/HRS Ventricular Arrhythmia Guideline. This guide adds an ECG cover strip, a trigger-wheel diagram, a workup-pathway flow chart, a tinted benign-vs-concerning table, a treatment-ladder subsection, and cross-links to the Holter, SVT, EP ablation, and AFib guides from this practice.

Disclaimer

This guide is for educational purposes only and does not replace medical advice from your physician. Recommendations may not apply to every patient. Always follow the specific instructions of Dr. Ali and your care team. In an emergency call 911 or go to the nearest emergency department.

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